



**California Department of Public Health
Center for Health Care Quality
AFC Skilled Nursing Facilities Infection Prevention Call
June 1, 2022**

Weekly Call-in Information:

- Tuesday 8:00am All Facilities Calls: 844.721.7239; Access code: 7993227
- Tuesday 11:30am NHSN Updates & Office Hours (Hosted by HSAG NHSN Experts)
 - Register at: <https://bit.ly/NHSNofficehours2022>
 - June 7, 14, 21, 28
- Wednesday 3:00pm SNF Infection Prevention Webinars:
 - Register at: <https://www.hsag.com/cdph-ip-webinars>
 - Recordings, call notes and slides can be accessed at <https://www.hsag.com/en/covid-19/long-term-care-facilities/cdph-ip-webinars-past/>

Wednesday Webinar Frequently Asked Questions Document is Posted at:
https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf

Important Links to State and Federal Guidance

Important Links and FAQs to CDPH State Guidance	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx
2020 CDPH All Facilities Letters (AFLs)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx
2021 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL21.aspx
2022 CDPH AFLs	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL22.aspx
CDC COVID-19 Data Tracker	https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk
CDPH Wednesday Webinar FAQs	https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf
CDPH Vaccine Guidance and Resources	https://eziz.org/resources-for-longterm-care-facilities/
CDPH Long-Term Care COVID-19 Vaccine Toolkit	https://eziz.org/assets/docs/COVID19/LTCFToolkit.pdf

Educational Opportunity: California Partnership to Improve Dementia Care in Nursing Homes

- The Partnership produced four videos with practical and up-to-date information on dementia care best practices.
- Target Audience: Management and direct care staff
 - Video 1: Best Practices in Dementia Care
 - Video 2: Dementia: What is it?
 - Video 3: Individualized Assessment and Care Planning for Persons with Dementia
 - Video 4: Nonpharmaceutical Interventions for Dementia Care
- Access videos at: <https://www.leadingageca.org/ca-partnership-for-improved-dementia-care>

Vaccine Questions & Answers

Q-1: Does the Moderna booster offer slightly better protection compared to the Pfizer booster?

A: CDC does not have a preferential recommendation between the two mRNA vaccines (Pfizer or Moderna). Both vaccines, when given as a booster, provide strong additional protection against severe COVID illness.

Q-2: Is it necessary to keep a record of religious/medical exemptions for staff that decline the vaccine?

A: Yes, HCP must have a religious or medical exemption recorded and saved on file to continue to work if they are not up to date with their vaccines. Per CMS QSO 22-07 Attachment A, the clinical reason is required to be documented in the medical exemption letter.

Q-3: Is it necessary to keep a record of religious/medical exemptions for residents that decline the vaccine?

A: No, residents do not have to file a religious or medical exemption if they decline the vaccine. The vaccine is strongly recommended for residents, but it not a state requirement.

Q-4: Is the second booster required for HCW and residents over the age of 50?

A: No. The second booster is not required for any individual. However, CDC recently strengthened the recommendation for second COVID-19 booster doses. Visit CDPH's Vaccine Guidance and Resource website for long-term care facilities to get the most up to date vaccine resources.

<https://eziz.org/resources-for-longterm-care-facilities/>

- CDC now recommends that people 50+ years and people 12+ years who are immunocompromised **should** receive a second booster dose using an mRNA COVID-19 vaccine at least 4 months after the first booster dose.
- People 18-49 who got two doses of J&J vaccine **may** choose to receive a second COVID-19 booster dose.

Additionally, there is no current guidance for a second booster for healthcare workers or long term care facility (LTCF) residents who don't meet the age or clinical criteria.

Testing Questions & Answers

- Guidance for the use of expired home antigen tests: <https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2022/03/Temporary-Extension-At-Home-Test-Expirations.pdf>
- CDC guidance for the use of expired CLIA waived and laboratory based tests: https://www.cdc.gov/csels/dls/locs/2020/cms_guidance_for_the_use_of_expired_sars-cov-2_tests.html
- CMS guidance for the use of expired CLIA waived and laboratory based tests: <https://www.cms.gov/files/document/frequently-asked-questions-faqs-clia-guidance-during-covid-19-emergency-updated-12-17-2020.pdf>

Q-5: Is it acceptable for HCP to use expired at home test kits?

A: HCPs can use expired home test kits at home. The control line should change colors as expected to ensure that the test is working. If the control of the test does not work, then they should get a new test. If they test positive they should isolate. Confirmatory testing could be obtained if desired, but a positive test should be treated as a true positive even if the test is expired. Please refer to this document regarding the use of expired home COVID-19 tests. <https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2022/03/Temporary-Extension-At-Home-Test-Expirations.pdf>. If health care providers are testing for COVID-19 because they are not up to date with their vaccinations or are required to test because of the State Public Health Officer Order, then the test must be observed. Observation can be done in person or by a remote proctor. If a health care provider tests negative on a home test and has symptoms of COVID-19 they should get a confirmatory molecular test.

Q-6: Can we use an antigen test with an expired CLR but an active CLIA?

A: You need to renew your expired CLR. Contact Lab field services for further questions about your CLR: LFSrenewals@cdph.ca.gov

Q-7: A HCW tested positive with an expired rapid antigen test. That same day, the HCW tested negative with an unexpired antigen test. Can we disregard the positive test, since it was done using an expired test?

A: No. The expired test with the positive result should be treated as positive. An individual could obtain a confirmatory molecular test if desired, but that individual should isolate.

Q-8: Do we need to start routine diagnostic testing for HCP if our county positivity rate is above 10%?

A: No. At this time, there have not been changes to CDPH's routine diagnostic screening guidance. Routine diagnostic screening twice a week is only required for HCP who are not up to date with their vaccinations with a medical or religious exemption. However, Los Angeles County Department of Public Health and perhaps other counties, are taking a more stringent approach at this time and requiring that all HCP be tested twice a week, regardless of vaccination status. CDPH's testing guidance can be found in section D of the FAQ document https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf. Nursing homes can choose to test all HCP weekly to be more cautious, however, it is not a state requirement. AFL 20-53.6 contains a strong recommendation to test fully vaccinated HCP, but this is not a requirement.

Q-9: Does response testing need to occur if only one HCP tests positive?

A: Per CDPH AFL 20-53.6, after one (or more) COVID-19 positive individuals (resident or HCP) is identified in a facility, response testing should be conducted facility-wide or at group-level (e.g., unit, floor, or other specific area(s) of the facility). Serial retesting of all residents and HCP who test negative upon initial testing should be performed at least weekly if NAAT test (e.g., PCR) is used or twice weekly if an antigen test is used, until no new cases are identified in residents in sequential rounds of testing for 14 days. During response testing, if any of the rounds of testing identifies a new resident positive case, then the 14 days would restart. www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599

Q-10: Do you have suggestions for an appropriate method or specific criteria for LHDs to utilize in order to confidently approve a SNF in an outbreak with 90% vaccination rate for contact tracing vs facility-wide Response Testing?

A: Per CDPH AFL 20-53.6, if $\geq 90\%$ of residents and HCP are boosted, local health department (LHD) may determine whether a contact-tracing approach is feasible to identify exposed residents and HCP for testing and quarantine. Examples of factors to consider, include:

- Single case in a resident or HCP who only worked in one area of the facility during infectious period, versus multiple cases in residents or HCP in different areas of the facility?
- SNF IP has training/experience and sufficient time and support to conduct contact tracing and manage individual contact timelines for testing, quarantine and associated data?
- Open and clear lines of timely communication between SNF and LHD?

If testing of close contacts reveals additional positive HCP or residents, contact tracing should be continued to identify contacts exposed to the newly identified individual(s). Revert to facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach if all contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

Q-11: Can an antigen test be used for boosted HCP that are returning to work on day 5 after testing positive?

A: Yes, per 21-08.8, antigen test is acceptable and preferred. See table "Work restrictions for HCP with SARS-CoV-2 Infection (Isolation)". The footnotes state, "Either an antigen test or nucleic acid amplification test (NAAT) can be used. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for discontinuation of isolation and return-to-work for SARS-CoV-2 infected HCP and for HCP who have recovered from SARS-CoV-2 infection in the prior 90 days; NAAT is also acceptable if done and negative within 48 hours of return."

PPE Questions & Answers

Q-12: If a new employee is not booster eligible because she received her second dose of the primary series in April 2022, does she need to wear an N95 in patient care areas, or is a surgical mask sufficient?

A: The employee is not eligible yet for the booster, so would be considered fully vaccinated. Refer to the FAQs in section I: PPE and Face Masks. Question #1 covers information about N95s vs. surgical masks and question #6 covers mask requirements for HCP with vaccine exemptions (https://www.hsag.com/globalassets/covid-19/cdph_faqsipwebinars.pdf). Surgical masks are acceptable as source control when HCP are caring for residents in the green zone (and in non-resident care areas). However, HCP should wear N95s as both PPE and source control in the green zone:

- During an outbreak, and
- During care for residents undergoing aerosol generating procedures in a facility located in a county with substantial or high levels of community transmission per the CDC COVID Data Tracker (https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk&null=Risk).

Isolation/Quarantine Questions & Answers

Q-13: When a resident is exposed, how long do they need to quarantine?

A: Per CDC's guidance, exposed residents, regardless of vaccination status, need to quarantine for:

- 10 days following the exposure; or
- 7 days if testing is performed between days 5–7 and resident tests negative.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599

Visitor Questions & Answers

Q-14: Is there a limit to the number of visitors for one resident?

A: CDPH does not specify a limit; however, the number of visitors allowed for one resident may need to be limited if the space available for visitation is insufficient to ensure safety precautions are in place. Keep in mind that physical distancing must be maintained from other visitors, other residents, and staff.

Other Questions & Answers

Q-15: Do we need to keep version history of our mitigation plans?

A: A separate, standalone mitigation plan is no longer necessary. Components of the mitigation plan should be incorporated into the facility's infection control and emergency preparedness plan, which can be updated and adjusted as needed. Saving copies of prior versions of plans, policies, and procedures is considered a best practice, but it is not written as an actual CDPH requirement. If by chance your facility needs to respond to a lawsuit or investigation, it would be wise for your facility to have the ability to produce past versions so you can identify what the policy was at the time of the reported incident or issue you are responding to.